

## WICHITA STATE UNIVERSITY

### Office of Upward Bound Wichita Prep

## Parents and Students

Thank you for your interest in the Wichita State University Upward Bound Wichita Prep Program! Parents and students, please take the time to read this information together. If you have any questions, I will be glad to schedule a time to meet with you.

Upward Bound is a federal program, funded through the U.S. Department of Education. This Program is specifically designed to provide low-income and first generation (neither parent has a 4-yr. degree) students an opportunity to (1) improve their academic, social and personal skills and (2) fully prepare for a post-secondary education.

Our Programs provide cost-free services to students from the Wichita Public School District attending North, South, East, West, or Southeast High Schools. Students, freshmen and sophomores, are selected each year, along with a waiting list of 20. Once selected, students may continue in the Program until the summer following their graduation from high school. Applications are accepted year-round.

The Upward Bound Programs have two components: Academic Year and Summer Residential. Each component is important and designed to motivate and encourage students to successfully complete high school and to attend a post-secondary institution. We encourage year-round participation so that students can truly benefit from the Program. Below is a description of each component:

#### **Academic Year Component** (August - May)

- One-on-one tutoring in academic subjects. Students must attend tutoring session's minimum of (2) hours weekly on the WSU campus.
- Career and college exploration, campus visits, ACT/SAT Test preparation, financial aid application assistance and personal guidance.
- Social and Cultural Programs.
- Bi-weekly Saturday Sessions that feature dynamic and motivating speakers from WSU and the community.

## Summer Residential Component (June & July)

- Intensive 4-8-week Collegiate Transition Program. The Program pays tuition for 3-6 hrs. of college courses at WSU. Students reside in university housing on the WSU campus. **(Program graduates only)**
- Intensive 5-week College Preparatory Program for 9th through 12th graders. Daily academic classes and tutorial assistance in basic and advanced courses. Students reside in university housing on the WSU campus.
- Social and Cultural Programs.
- Career and college exploration, campus visits and personal guidance.

The Upward Bound Wichita Prep Program is committed to assisting students improve their academic, social and personal skills. Thus, students must be committed and accept their participation seriously.

To apply for admission, please send the following information:

- **Completed Application**
- **H.S. Transcript**
- **Recommendation/Nomination Form (completed by a school official)**
- **Copy of Parent's Income Tax Return**
- **Copy of Insurance or Medical Card**

Send to:

Jaya Escobar-Bhattacharjee, Associate Director  
Wichita State University  
Upward Bound Empowerment  
1845 Fairmount Box 94  
Wichita, KS 67260-0094

We enjoy the opportunity to assist students pursue their educational goals. Please feel free to contact our office at 316-978-3019, for further information or assistance.

Sincerely,

Rhonda Hicks, Director

Jaya Escobar-Bhattacharjee, Associate Director

Upward Bound Wichita Prep  
Wichita State University 1845 Fairmount Box 94 Wichita, Kansas 67260-0094  
UBWP Phone (316) 978-3019 FAX (316) 978-3403  
[wichita.edu/ubwp](http://wichita.edu/ubwp)

The Upward Bound Wichita Prep program is 100% funded by the US Department of Education for 2020-2021 at \$467,798.

# Application for Admission-

Upward Bound –Wichita Prep•Wichita State University

## Personal Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

Phone#1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Hm/Wk) Phone#2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Hm/Wk)

Address: \_\_\_\_\_ Wichita, KS Zip \_\_\_\_\_

Email: \_\_\_\_\_ Facebook: \_\_\_\_\_

Ethnic Status:  African American, Non-Hispanic  American Indian or Alaskan Native  
 Hispanic  White, Non-Hispanic  
 Asian, Pacific Islander, or Indian Sub-Continent

Are you a U.S. Citizen?  Yes  No If no, are you a permanent resident?  Yes  No  
(If not a U.S. citizen, you must submit a copy of your permanent resident status.)

Do you have any special needs?  Yes  No  
If yes, please explain:

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Are you a participant in any school clubs or activities?  Yes  No  
If yes, please explain:

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Are you employed?  Yes  No If yes, how many hours do you work weekly? \_\_\_\_\_  
Are you a participant in: Talent Search/Project Discovery?  Yes  No Gear Up?  Yes  No  
Upward Bound/Math Science?  Yes  No Communication Upward Bound?  Yes  No

## Academic Information

School: North South East West Southeast Grade:  8  9  10

School Counselor: \_\_\_\_\_ When do you plan to graduate? \_\_\_\_\_

What is your current GPA: \_\_\_\_\_ What is your class Rank: \_\_\_\_/\_\_\_\_ How many credits have you earned \_\_\_\_\_

Have you failed any subjects?  Yes  No If yes, list the subjects: \_\_\_\_\_

Do you participate in any of the following Services at your school?

Math lab  Reading/Writing Lab  ESL Program  Tutoring  AVID  Other \_\_\_\_\_

Are you having academic difficulty in any classes?  Yes  No

What are your present grades in the following subjects? Subject/Grade *example Algebra II / B*

English \_\_\_\_\_ / \_\_\_\_\_ Math \_\_\_\_\_ / \_\_\_\_\_ Science \_\_\_\_\_ / \_\_\_\_\_

History \_\_\_\_\_ / \_\_\_\_\_ Elective \_\_\_\_\_ / \_\_\_\_\_ Elective \_\_\_\_\_ / \_\_\_\_\_

Elective \_\_\_\_\_ / \_\_\_\_\_ Elective \_\_\_\_\_ / \_\_\_\_\_ Elective \_\_\_\_\_ / \_\_\_\_\_

**Family Information:** Student lives with: Parent One / Parent Two / Both/ Guardian (please circle)

**Parent One**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone#1 ( ) - (Cell/Hm/Wk) Phone#2 ( ) - (Cell/Hm/Wk)

Email: \_\_\_\_\_ Address: \_\_\_\_\_

**Parent Two**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone#1 ( ) - (Cell/Hm/Wk) Phone#2 ( ) - (Cell/Hm/Wk)

Email: \_\_\_\_\_ Address: \_\_\_\_\_

**Guardian** – Grandparent/ Aunt/ Uncle /Foster/ Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone#1 ( ) - (Cell/Hm/Wk) Phone#2 ( ) - (Cell/Hm/Wk)

Email: \_\_\_\_\_ Address: \_\_\_\_\_

**Emergency Contact (Person other than Parent)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone 1( ) - (Cell/Hm/Wk) Address: \_\_\_\_\_

Phone 2( ) - (Cell/Hm/Wk) Relationship: \_\_\_\_\_

Number of brothers and sisters living at home (or children supported by parents):

Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Others \_\_\_\_\_

Total number of family members at home (self-included): \_\_\_\_\_

Has either of the student’s parents received a four-year (bachelors) degree?  Father  Mother  Neither

Has a family member participated in Upward Bound?  Yes  No If yes, who? \_\_\_\_\_

I understand the goals, objectives and requirements of the Upward Bound Program and agree to fulfill them. I also understand that if I do not fulfill the required goals and objectives, I will be terminated from the Program. I certify that all the information I have provided is valid and correct to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand the goals, objectives and requirements of the Upward Bound Program and agree to support my child in fulfilling them. I also understand that if my son/daughter does not fulfill the required goals and objectives, he/she will be terminated from the Program. I certify that all the information I have provided is valid and correct to the best of my knowledge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Use Only: Eligibility Met <input type="checkbox"/> Yes <input type="checkbox"/> No      If necessary verification provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes: _____

# Family Financial Statement

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## To be completed by parent/guardian

One of the criteria for admission is meeting the income guidelines established by the Department of Education. Before we can determine your eligibility, please answer the following questions and attach a **copy of your income tax return.**

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND WILL BE MAINTAINED IN THE OFFICE IN ACCORDANCE WITH THE GENERAL EDUCATION PROVISION ACT (which outlines privacy rights of parents and students).

### FAMILY INCOME:

1. Did you file an income tax return last year? Yes No
2. Gross family income (before taxes and other withholdings) for last year: \$ \_\_\_\_\_
3. Adjusted gross income: \$ \_\_\_\_\_ Taxable Income \$ \_\_\_\_\_
4. Which of the following was the source of the above income? Check one or more.
  - Father's employment Occupation: \_\_\_\_\_
  - Mother's employment Occupation: \_\_\_\_\_
  - Government Assistance Rate per/month: \_\_\_\_\_
  - Social Security Rate per/month: \_\_\_\_\_
  - Other income: \_\_\_\_\_Are you eligible for veteran's benefits? Yes No If so, what kind? \_\_\_\_\_
5. How many dependents were claimed on your income tax form last year? \_\_\_\_\_  
Total number of persons living in household (including self): \_\_\_\_\_
6.  Foster child: List the child's monthly personal use income: \_\_\_\_\_

~I certify that all of the information on this form is valid and correct to the best of my knowledge.

~I understand that if I did not include my families' most recent Income Tax Statement or my Social Security Statement, I need to provide a written statement detailing my income to complete application.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Check the form(s) attached:

- Income Tax Return  Social Security Statement

### Office use only

- Income Household: Taxable income: \_\_\_\_\_ Eligible  
Foster child: Income Number of Dependents: \_\_\_\_\_ Income over allowed amount

# Insurance Provider

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**To be completed by parent/guardian**    **Is student covered by health insurance?**     Yes     No

Student's Name: \_\_\_\_\_ Member ID # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_

Parent/Guardian (s) Name(s): A \_\_\_\_\_ B \_\_\_\_\_

A Phone#1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Hm/Wk) Phone#2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Hm/Wk)

B Phone#1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Hm/Wk) Phone#2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Hm/Wk)

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Hm/Wk) Phone#2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Hm/Wk)

Policy #: \_\_\_\_\_ Effective. Date: \_\_\_\_\_

Other Card Info: \_\_\_\_\_

\*Attach a copy of your child's insurance card or if child is covered through KS Dept. Of Children and Families, please attach a copy of your medical card to this form.

**I/We have attached a copy of the student's insurance or medical card**     **Not Applicable**

## Medical Provider

I authorize the Upward Bound Wichita Prep Program to provide emergency medical and dental services for my child. I will not in any way hold Wichita State University or the Upward Bound Wichita Prep Program responsible for any treatment deemed necessary for medical/dental services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Parental Release for Student Travel

I authorize the Upward Bound Wichita Prep Program to provide transportation for my child to program activities. I hereby release the Upward Bound Wichita Prep Program from any responsibility for any criminal act of malice, vandalism, theft, death or injury, and any other unlawful behavior during his/her trips sponsored by the Upward Bound Wichita Prep Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Authorization for Release of Records

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Student's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Student ID#: \_\_\_\_\_

I hereby authorize USD 259 of Wichita, Kansas, or any USD we may move into, to furnish information on my permanent records to the Wichita State University -Upward Bound program, until my completion of the program.

Checked below is the information I authorize to be shared now or in the future: (\*= required)

- \_\_\_\_\_ Progress Reports
- \_\_\_\_\_ Attendance Reports
- \_\_\_\_\_ Behavior Reports
- \_\_\_\_\_ Medical Reports
- \_\_\_\_\_ State Assessment Test Results
- \_\_\_\_\_ ACT/SAT Test Results \*
- \_\_\_\_\_ Student VUE Login \_\_\_\_\_ Password \_\_\_\_\_
- \_\_\_\_\_ Semester Transcripts \*
- \_\_\_\_\_ Final Transcript \*

Please send this information to: Upward Bound Wichita Prep  
Wichita State University  
1845 Fairmount  
Campus Box 94  
Wichita, Kansas 67260-0094

\_\_\_\_\_ Date: \_\_\_\_\_  
Student's Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian's Signature

Note: Information obtained by this form shall not be transferred to any other person or agency than that listed above without the written consent of the person whose signature appears hereon. If records cannot be sent for any reason, please indicate why: \_\_\_\_\_

I/We have attached a copy of the student's most recent high school transcript

# Model's Release Form

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I hereby grant **Wichita State University** and/or parties designated by Wichita State University (including clients, purchasers, agencies, and periodicals, or other printed matter and their editors) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works from **University-related photographs and/or audio recordings and/or video images** of the undersigned person. This grant includes, without limitation, the right to publish such images and/or audio, with or without my name or with a fictitious name, in the University newspaper, alumni magazine, and/or public relations/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials, and any other University-related publication. The images and/or audio may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

## **I affirm that I am 18 years old or older:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

## **If under 18 years old:**

I am the parent or legal guardian of \_\_\_\_\_

I hereby approve the foregoing consent to Wichita State University's use subject to terms mentioned above. I affirm that I have legal right to issue consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_



# Applicant Questionnaire

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Student's Name \_\_\_\_\_

*Please answer each question:*

1. What type of education do you plan to pursue after high school?
- Four-year college       Armed Forces       Vocational Training  
 Two-year college       Training School

2. List post-secondary institutions you are interested in attending: \_\_\_\_\_

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3. List careers that interest you: \_\_\_\_\_

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4. What are your career goals and how do you plan to reach them? \_\_\_\_\_

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5. List clubs, sports and organizations you belong to at school, church, or in the community: \_\_\_\_\_

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6. List special awards/recognition you have received: \_\_\_\_\_

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7. Why is education important to you? \_\_\_\_\_

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# Applicant Essay

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Student's Name \_\_\_\_\_

Essay (at least 75 words) "Why I Want to Be in Upward Bound"

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